

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

OR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 -- 0 0 8

2. STATE:

MAINE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE(S)

7/1/00

5. TYPE OF PLAN MATERIAL (CHECK ONE):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
ATT. 3.1 B P. 8A, SUPPLEMENT 1 TO ATT 4.19 B, P.3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable): ATT. 3.1 B P. 8A,
SUPPLEMENT 1 TO ATT 4.19 B, P.3

10. SUBJECT OF AMENDMENT:

CHANGE TREATMENT OF PSYCHOLOGIST MEDICARE CROSSOVER CLAIMS AND CORRECTIONS

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED
COMMISSIONER, DEPT. OF HUMAN SERVICES

SIGNATURE OF STATE AGENCY OFFICIAL:

Kevin W. Concannon

13. TYPED NAME:

Kevin W. Concannon

14. TITLE:

Commissioner, Maine Department of Human Services

15. DATE SUBMITTED:

September 29, 2001

16. RETURN TO:

Christine Zukas-Lessard.
Acting Director, Bureau of Medical Services
#11 State House Station
249 Western Ave.
Augusta, ME 04333-0011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE RECEIVED
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. EFFECTIVE DATE OF APPROVED MATERIAL
21. TYPED NAME	22. TYPED NAME
23. REMARKS	24. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Maine
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and B Deductible/Coinsurance*

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary. (cont.)

g. Clozaril monitoring services.

// Provided // No limitations // With limitations*

(See attachment to Attachment 3.1-A, Page 9)

24. Pediatric or family nurse practitioners' services as defined in Section 1905(a)(21) of the Act (added by Section 6405 of OBRA '89):

/X/ Provided /X/ No limitations // With limitations*

OFFICIAL

*Description provided on attachment

TN No. 00-008
Supersedes
TN No. 95-005

Approval Date 5/14/01

Effective Date 7/1/00

NCFA ID: 7982E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Maine
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and B Deductible/Coinsurance*

Item 1. For claims received from January 1, 1997, until February 29, 2000 the Medicaid payment will not exceed the lowest Medicare approved amount, regardless of the Medicaid maximum allowance.

For claims received on and after January 1, 1997 for services from FQHCs, RHCs, physicians, nurse midwives, nurse practitioners, ambulance services, mental health clinics, psychologists, and ambulatory care clinics, the total payment from both Medicare and the Department cannot exceed the lowest rate which Medicare determines to be the allowed amount.

For all other providers for claims received on or after March 1, 2000 the total payment to the provider from both Medicare and the Department cannot exceed the lower of the lowest Medicare approved amount or the maximum allowance established by the Department for services provided, in cases where assignment is required. In cases where assignment is not required (as described in Chapter II, Section 60, Durable Medical Equipment and Supplies, of the Maine Medical Assistance Manual), payment will not exceed the maximum allowance established by the Department for the services provided.

Indian Health Centers enrolled as ambulatory care clinics are eligible for the all-inclusive rate set in the most recently published Federal Register.

OFFICIAL

TN No. 00-008
Supersedes
TN No. 00-004

Approval Date 5/14/01

Effective Date 7/1/00

NCFA ID: 7982E